





## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09829

9822

## CERTIFICATE OF DEATH

Reg. Dist. No. 191

## 1. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)TOWN Rural ELlicott City

1 year

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESSMontgomery Road3. NAME OF  
DECEASED:  
(Type or Print)(First) FLORENCE (Middle) E. (Last) GRAVES

4. DATE (Month) (Day) (Year)

OF DEATH: Oct. 8, 19555. SEX: FEMALE6. COLOR OR  
RACE: white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): widowed8. DATE OF BIRTH: 6-16-889. AGE last birthday 67IF UNDER 1 YEAR  
Months 0 Days 0 Hours 0 Min. 010A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): Housewife10B. KIND OF BUSINESS  
OR INDUSTRY: Domestic13. FATHER'S NAME: Edward14. MOTHER'S MAIDEN NAME: GosLEE15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No16. SOCIAL SECURITY NO. None17. INFORMANT & ADDRESS: Miss Doris Poehnert 12 HUNT Club Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X  
IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.(A)  
DUE TO(B)  
DUE TO

(C)

Carcinoma of breast  
with metastasesINTERVAL BETWEEN  
ONSET AND DEATH

7 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1953 to Oct 8, 1955, that I last saw the deceased  
alive on Oct 7, 1955, and that death occurred at 7:57 AM, from the causes and on the date stated above.  
SIGNATURE John B. Loughran ADDRESS M.D. 10374 Celery St - Suite 1070/1523. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

Burial

10-11-55

MEADOWRIDGE MEMORIAL Howard County Md.

DATE REC'D BY LOCAL  
REGISTRAR Oct. 13, 1955REGISTRAR'S SIGNATURE John B. Loughran

24. FUNERAL DIRECTOR

ADDRESS

George J. Schub 2101 Frederick Ave.

Dr. Leon Rockman  
1037 N. Calvert St.

BUREAU V. S.

OCT 19 1955

RECEIVED

09624

## CERTIFICATE OF DEATH

Reg. Dist. No

194

**RE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Sykesville R7D MARYLAND		Sykesville Md Howard COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Rural West Friendship 1953		TOWN West Friendship Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) BETTIE		4. DATE OF DEATH October 26 1953	
(First) (Middle)		(Last)	
5. SEX Female Colored		6. COLOR OR RACE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Cooking	
13. FATHER'S NAME James Cook		11. BIRTHPLACE (State or foreign country) Carroll County USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT AND ADDRESS Mrs Florence Howard		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
443X Immediate cause (a) Cardiac Disease with Dropsey 2 yrs			
Antecedent cause(s) (b) Pneumonia			
Diseases or conditions, if any, giving rise to the above cause (b) stating the underlying cause last (c) Syphilitis			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. Gout			
19a. DATE OF OPERATION May 1948		19b. MAJOR FINDINGS OF OPERATION Removal of breast malignancy	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 25, 1948, to Oct 26, 1953, that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 5 P.M. from the causes and on the date stated above.			
SIGNATURE		(Degree or title) ADDRESS DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 10-30-55 NAME OF CEMETERY OR CREMATORIAL Johnsville	
DATE REC'D BY LOCAL REG. 10-29-55		LOCATION (City, town, or county) Carroll County, Md (State)	
REG. 10-29-55		REGISTRAR'S SIGNATURE Marie G. Whitaker	
24. FUNERAL DIRECTOR Robert L. Snowden - Rockville		ADDRESS	

BUREAU V.

Mar 1 1965

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09830  
9823 CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:

COUNTY **Baltimore Howard** MARYLAND  
CITY (if outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN **Ellicott City** LENGTH OF STAY  
(in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Md.** COUNTY **Balto**  
CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN **Balto.** 3V01-4  
STREET  
ADDRESS **5810 Winner Ave.** (If rural give location)

3. NAME OF  
DECEASED:  
(First)  
(Type or Print)

**WILLIAM**

(Middle)

**K.**

(Last)  
HOOPER

4. DATE (Month)  
OF  
DEATH: **Oct. 2** (Day)  
19 (Year)  
**55**

5. SEX:

6. COLOR OR  
RACE:  
**male white**

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify): **Widowed**

8. DATE OF BIRTH:  
**Aug. 16, 1869**

9. AGE last birthday  
**86** yrs.

10. IF UNDER 1 YEAR  
Months **0** Days **0** Hours **0** Min. **0**

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): **Agent (rtd)**

10B. KIND OF BUSINESS  
OR INDUSTRY:  
**Insurance**

11. BIRTHPLACE (State or foreign country): **Maryland**

12. CITIZEN OF WHAT  
COUNTRY?

13. FATHER'S NAME:

**unknown**

14. MOTHER'S MAIDEN NAME:

**Adeline Kennard**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) **no**

16. SOCIAL SECURITY NO.  
**no**

17. INFORMANT & ADDRESS:

**Mr. Wm. D. Hooper-5810 Winner Ave.**

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**443X**

IMMEDIATE CAUSE

(A)  
DUE TO

**Cardiac failure**

INTERVAL BETWEEN  
ONSET AND DEATH

**48 hrs**

ANTECEDENT CAUSE (S)

(B)  
DUE TO

**Hypertension arteriosclerotic**

?

(C)

**CVD**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

**48 hrs**

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,  
OR INJURY street, office bldg., etc.)

21C. WHERE DID (City or town)  
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED  
While  Not while   
at work  at work

21F. HOW DID INJURY OCCUR?

M.

**Pneumonia**

22. I hereby certify that I attended the deceased from **Oct. 2, 1952** to **Oct. 2, 1953** that I last saw the deceased  
alive on **Oct. 2, 1953**, and that death occurred at **5:30 P.M.** from the causes and on the date stated above  
SIGNATURE **Joseph E. Matchar** ADDRESS **400 x Liberty St. Balto. MD** DATE SIGNED **Oct. 3, 1953**

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)  
(State)

Burial

**10/5/55**

**Mt. Olivet Cem.**

**Balto., Md.**

DATE REC'D BY LOCAL  
REGISTRAR **5-53**

REGISTRAR'S SIGNATURE

**Federal**

24. FUNERAL DIRECTOR

ADDRESS

**John J. Schinner & Sons. Balto. Md.**



## MARYLAND STATE DEPARTMENT OF HEALTH

09831

9824

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: COUNTY <u>HOWARD</u>			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>WOODBINE</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>10X-2</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>WEITZEL NURSING HOME</u>			STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		(First) <u>MARY</u>	(Middle) <u>SIDNEY</u>	(Last) <u>KIMMEL</u>	4. DATE OF DEATH <u>October 4</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>STAGGER</u>	8. DATE OF BIRTH <u>AUG 12-1870</u>	9. AGE last birthday <u>85</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		
13. FATHER'S NAME <u>ANTHONY Z. KIMMEL</u>		14. MOTHER'S MAIDEN NAME <u>MARY MORGAN</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>			17. INFORMANT AND ADDRESS <u>MRS MARYELLE UZANTZINGER</u>

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0  
Immediate cause(a) Generalized ArteriosclerosisINTERVAL BETWEEN  
ONSET AND DEATHseveral  
years

## Antecedent cause(s)

Diseases or conditions, if any, (b)  
giving rise to the above cause  
stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1955, to October, 1955, that I last saw the deceasedalive on Oct 3, 1955, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

W.B. Caldwell, M.D. Mt. Airy Md. October 4, 1955

23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE <u>Oct 6-1955</u>	NAME OF CEMETERY OR CREMATORIUM <u>CENTRAL CEMETERY</u>	LOCATION (City, town, or county) <u>YEW LON DOH</u>	(State) <u>MD</u>
DATE REC'D BY LOCAL REG. <u>Oct 6-1955</u>	REGISTRAR'S SIGNATURE <u>Lucian K Falconer</u>	24. FUNERAL DIRECTOR ADDRESS <u>C. E. Falconer Tex Market Md</u>		

RECEIVED  
1915  
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

09833

9825

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH COUNTY Howard		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Highland		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Simons Rest Home		STREET ADDRESS Berger Road	
3. NAME OF DECEASED (Type or Print) Blanche		4. DATE OF DEATH Moore, Oct. 16, 1955 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3-12-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas Parlett		14. MOTHER'S MAIDEN NAME Grace Gosnell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT AND ADDRESS Laurence Moore, Jessups, Md		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443X Immediate cause (a) Myocardial Failure Antecedent cause(s) (b) Diphtheritic Cardi. Vas. Dis 6 weeks Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) 10 yrs. 903.0			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fract. L. Femur 5 months			
19a. DATE OF OPERATION TIME (Month) (Day) (Year) (Hour) OF INJURY 6 26 50 '34 a.m.		19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Home While at Work <input type="checkbox"/> At work <input type="checkbox"/> HOW DID INJURY OCCUR? Fall in bathroom	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE accident		(CITY OR TOWN) Jessups (COUNTY) Howard (STATE) Md	
DATE THEREOF 80-19-1955		NAME OF CEMETERY OR CREMATORIAL Linthicum Chapel	
LOCATION (City, town, or county) Clarksville, Md		(State)	
DATE REC'D BY LOCAL REG. 10-20-55		24. FUNERAL DIRECTOR ADDRESS F.C. Higinbotham, Ellicott City, Md	
REGISTRAR'S SIGNATURE Marie A. Whitaker		ADDRESS	

BUREAU V. S.

OCT 24 1955

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00834  
Rev. Oct. 1944

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 194

## 1. PLACE OF DEATH:

COUNTY **Howard**

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN **Clarksville**LENGTH OF STAY  
(in this place)HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS **Nichols Drive**3. NAME OF  
DECEASED:  
(Type or Print)**ANTHONY****CONNELL**

(Last)

5. SEX:  
**Male**6. COLOR OR  
RACE:  
**Colored**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify):**Single**8. DATE OF BIRTH:  
**Aug. 2, 1955**4. DATE  
OF  
DEATH  
**Oct. 19**STATE **Md.** COUNTY **Howard**CITY (If outside corporate limits write RURAL and give nearest town)  
OR  
TOWN **Clarksville**STREET  
ADDRESS

(If rural, give location)

**Nichols Drive**10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired): **None**10b. KIND OF BUSINESS OR  
INDUSTRY:  
**None**

11. BIRTHPLACE (State or foreign country):

**Olney, Maryland**12. CITIZEN OF WHAT  
COUNTRY?

## 13. FATHER'S NAME:

**Walter Wilson**

## 14. MOTHER'S MAIDEN NAME:

**Clarice Doye**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)  
**No**16. SOCIAL SECURITY NO.:  
**None**

## 17. INFORMANT &amp; ADDRESS:

**Shirley Smith, Clarksville, Maryland**

## 18. MEDICAL CERTIFICATION

INTERVAL BETWEEN  
ONSET AND DEATH525 X  
Immediate cause(a)  
DUE TO**Interstitial pneumonia**

Antecedent cause(s)

Diseases or conditions, if any, (b)  
giving rise to the above cause DUE TO  
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

## 20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  OR CONTRIBUTING  CAUSE OF DEATH.21b. PLACE (Home, farm, factory,  
OF street, office bldg., etc.,  
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY M.21e. INJURY OCCURRED  
While at Not while  
work  at work 

21f. HOW DID INJURY OCCUR?

**Partial**22. I hereby certify that I took charge of the remains described above, held an Autopsy  Inspection  Inquiry  and  
find that death resulted from: Natural causes  Accident  Suicide  Homicide  Undetermined cause   
SIGNATURE *Willie*CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
M. D. ASSISTANT MEDICAL EXAM.

DATE SIGNED

**10/19/55**23. BURIAL, CREMATION,  
REMOVAL (Specify):  
**Burial**

DATE THEREOF

**10-21-55**

NAME OF CEMETERY OR CREMATORIAL

**Hopkins Chapel**

LOCATION (City, town, or county) (State)

**Highland, Md**DATE REC'D BY LOCAL  
REG. **10-20-55**

REGISTRAR'S SIGNATURE

**Marie A. Whitaker**

24. FUNERAL DIRECTOR

**F.C. Higinbotham, Ellicott City, Md.**

ADDRESS

**2085212414**PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct  
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED  
FBI BUREAU

OCT 24 1965

9827

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09835  
Reg. Dist.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

## 1. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)

TOWN Ellicott City

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

St. Johns Lane

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD.

COUNTY

CITY (If outside corporate limits write RURAL and give nearest town)  
OR  
TOWN Baltimore, 23.

3V01-4

STREET  
ADDRESS

(If rural, give location)

2312 Frederick Ave.

3. NAME OF  
DECEASED:  
(Type or Print)

JAYES ROSS

(Middle)

(Last)

4. DATE  
OF  
DEATH

October 5 1955

## 5. SEX:

Male

6. COLOR OR  
RACE:

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify):

Married

8. DATE OF BIRTH:

April 9, 1902

## 9. AGE last birthday:

53 yrs.

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if whether stripping)10b. KIND OF BUSINESS OR  
INDUSTRY:

Building

11. BIRTHPLACE (State or foreign country):

Mass.

12. CITIZEN OF WHAT  
COUNTRY?

U.S.A.

## 13. FATHER'S NAME:

James Hiram Winslow

## 14. MOTHER'S MAIDEN NAME:

Orena Vailette

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service) Yes  unkown

16. SOCIAL SECURITY NO.: ?

## 17. INFORMANT &amp; ADDRESS:

Ferdinane DeBoy 5717 Mineral Ave, Halethorpe, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443 X  
Immediate cause(a) Cerebral Hemorrhage  
DUE TOINTERVAL BETWEEN  
ONSET AND DEATH

20 minutes

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating underlying cause last (b) Hypertensive Cardio Vascular disease  
DUE TO (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

## 20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  or CONTRIBUTING   
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,  
OF street, office bldg., etc.,  
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY M.21e. INJURY OCCURRED  
While at Not while  
work  at work 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and  
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

George E. Bunting

Ellicott City, Md.

CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.DATE SIGNED  
10-5-5523. BURIAL, CREMATION,  
REMOVAL (Specify):

CREMATION

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REG.

10-27-55

REGISTRAR'S SIGNATURE

John McFad

24. FUNERAL DIRECTOR

George L. Schubert

ADDRESS

20 Frederick Ave  
Baltimore, Md.

Frank Tandy